

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000005407

1. Entity Name
WPA - N3, LLC



Principal Place of Business

**1000 EAST 80TH PLACE, SUITE 700 NORTH
MERRILLVILLE, IN 46410**

Mailing Address

**1000 EAST 80TH PLACE, SUITE 700 NORTH
MERRILLVILLE, IN 46410**



01142006 No Chg-LLC

CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0282954

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**UN00000420533
02/15/06-80060-010 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	WPA DEVELOPMENT, LLC
STREET ADDRESS	1000 EAST 80TH PLACE, SUITE 700 NORTH
CITY-ST-ZIP	MERRILLVILLE, IN 46410

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

WPA Development, LLC, Manager

SIGNATURE: _____

Manager

January 30, 2006

219-769-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #